

Final Report
for a
POLITICAL ACTION COMMITTEE

This document must be clear, legible and typed or printed in blue or black ink.

<input type="checkbox"/> Original Report	<input type="checkbox"/> Amended Report – Report # _____
Name of Political Action Committee	Committee Registration #
Mailing Address (include number and street)	Daytime Phone Number (for person filling out this report)
City, State and Zip	E-mail Address

Termination Statement of Treasurer	
<p>I declare, subject to the penalties set forth in § 24.2-1016, which is punishable up to a Class 5 Felony, that, to the best of my knowledge, this FINAL REPORT for the period beginning _____ and ending _____, including all accompanying schedules, fully discloses all financial activities for this period.</p> <p><input type="checkbox"/> I further declare that this committee is being disbanded and this FINAL REPORT fully discloses all previously unreported receipts and has disbursed all funds in accordance with §24.2-949.9 of the <i>Code of Virginia</i> and that this committee has no outstanding debts.</p> <p><input type="checkbox"/> I further declare that this committee no longer intends to raise or spend more than \$200 in this or subsequent calendar years and this FINAL REPORT fully discloses all previously unreported receipts. If this committee anticipates raising or spending more than \$200 in a calendar year then the committee will submit a new Statement of Organization pursuant to § 24.2-949.2.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="width: 45%;"><hr style="border: 0; border-top: 1px solid black;"/><div style="display: flex; justify-content: space-between;">Date</div></div><div style="width: 45%;"><hr style="border: 0; border-top: 1px solid black;"/><div style="display: flex; justify-content: space-between;">Signature of Treasurer or Other Committee Officer</div></div></div>	

Instructions for Completing this Form

Original Report	Check this box if this is the first time that your committee has submitted this final report.
Amended Report	Check this box if this is an amendment to a previously filed final report.
Report Number	Enter the number of times this final report has been amended.
Name of Political Committee	Please enter the name of the political committee filing this report.
Committee Registration #	Please enter the committee's registration number in Virginia.
Mailing Address	Please enter the mailing address of the committee.
Daytime Phone Number	Please enter the daytime phone number of the person filling out this report.
E-mail Address	Please provide the e-mail address of either the committee or the person filling out this report.
Termination Statement	<p>Please sign this statement affirming one of the two choices:</p> <p>Choice 1: That the committee has disbanded and that all monies have been disbursed and that all debts have been repaid.</p> <p>Choice 2: That the committee no longer anticipates raising or spending more than \$200 in any calendar year and that, if the committee determines to raise or spend more than \$200 in any subsequent calendar year that they will file the necessary organizational documents.</p>

Final Report Reminders

A committee's final report will not be accepted unless the committee demonstrates that all surplus funds have been properly disbursed and reported on Schedule I in one of the following ways:

- transferring the excess to an affiliated organization of the committee;
- returning the excess to a contributor in an amount not to exceed the contributor's original contribution;
- donating the excess to any organization described in [§ 170\(c\)](#) of the Internal Revenue Code;
- contributing the excess to one or more candidates;
- contributing the excess to any political party committee;
- defraying any ordinary, non-reimbursed expense related to the political committee.

NOTE: It is illegal for any person or officer of the committee to convert any contribute moneys, securities, or like tangible personal property to his personal use.